



MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISION OF FAMILY SERVICES
EMERGENCY WAIVER OF TWO WEEKS NOTICE

AUTHORIZATION

I (we) the undersigned person(s) providing foster care to the child named below placed in my (our) home by the Division of Family Services on the date indicated, hereby waive the requirement of two (2) weeks advance notice before the named child can be removed from my (our) foster home by the Division of Family Services.

CHILD INFORMATION

NAME OF FOSTER CHILD

ORIGINAL PLACEMENT DATE

FOSTER PARENT INFORMATION

FOSTER PARENT SIGNATURE

DATE

FOSTER PARENT SIGNATURE

DATE

ADDRESS

TELEPHONE

DFS INFORMATION

CHILDREN'S SERVICES WORKER

DATE

COUNTY